

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>REP</i>	<i>1020</i>	<i>5/23/01</i>
FORMALITY REVIEW	<i>Ch</i>	<i>835</i>	<i>7/10/01</i>
RESPONSE FORMALITY REVIEW	<i>Request</i>	<i>925</i>	<i>10/28/01</i>
			<i>03-04-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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*529*  
*05/02*  
*947*  
*11/28/01*  
*531*  
*03/04/02*